

TO BE COMPLETED BY ALL LICENSEES WHO SUPERVISE ONE OR MORE ASSISTANTS. NOTE: READ THE ATTACHED COPY OF K.A.R. 28-61-8 TO DETERMINE "ASSISTANT STATUS" OF ALL SUPPORT PERSONNEL, INCLUDING CERTIFIED AUDIOMETRIC TECHNICIANS.

## KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT NOTICE OF SPEECH-LANGUAGE PATHOLOGY OR AUDIOLOGY ASSISTANT

**To be completed by the supervising Kansas licensed speech-language pathologist or audiologist  
Please complete each time there is a change in assistant and/or each time you renew your license.**

A separate form must be submitted for each assistant. Photocopy this form as needed.

The licensure law, KSA 65-6501, defines a speech-language pathology or audiology assistant as an individual who:

- 1) meets minimum qualifications established by the Secretary of Health and Environment, which are less than those required for licensing (see attached KAR 28-61-8)
- 2) does not act independently; and
- 3) works under the direction and supervision of a licensed speech-language pathologist or audiologist. The supervisor must be licensed in the field in which the assistant provides services.

The licensed supervisor is responsible for determining that each assistant under the licensee's supervision is satisfactorily qualified and prepared for the duties assigned to the assistant.

The licensed supervisor must retain and maintain the following records on file:

- g documentation that the assistant possesses a high school diploma or equivalent;
- g a record of the assistant's initial training, including the name of the Kansas licensed speech-language pathologist or audiologist who conducted the training, the date and content outline of the training;
- g a log of ongoing supervised training indicating at least one hour per month, including the name of the licensed speech-language pathologist or audiologist who conducted the training; the date, time and content outline of training; and
- g copies of written evaluations of the assistant's performance level.

The documentation described above must be provided to the Kansas Department of Health and Environment (the Department) upon departmental staff's request.

The licensed supervisor must provide the following information to the Department regarding each assistant under the licensee's supervision within 30 days of employment of the assistant.

TYPE OR PRINT LEGIBLY

---

---

### PART 1 SUPERVISOR'S INFORMATION

- ' Supervisor's license number \_\_\_\_\_ Expiration date \_\_\_\_\_
- ' Supervisor's name \_\_\_\_\_
- ' Supervisor's address \_\_\_\_\_
- |       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
- ' Supervisor's phone (work) \_\_\_\_\_ (home) \_\_\_\_\_

---

---

(OVER)

A:\assistant(bkn).wpd

---

---

### PART 2 ASSISTANT INFORMATION

- ' Assistant's name \_\_\_\_\_

' Assistant's social security number \_\_\_\_\_  
Last First MI

' Employed by \_\_\_\_\_

' Employment Location \_\_\_\_\_  
Street PO Box  
City State Zip

' Date employment began \_\_\_\_/\_\_\_\_/\_\_\_\_ Number of hours working weekly: \_\_\_\_\_

' **Date employment ended \_\_\_\_/\_\_\_\_/\_\_\_\_ (If reporting that an assistant no longer works with you)**

' Employment setting is: (indicate one)

\_\_\_\_ school district/cooperative      \_\_\_\_ hospital  
\_\_\_\_ adult care facility      \_\_\_\_ clinic  
\_\_\_\_ university      \_\_\_\_ private practice  
\_\_\_\_ government health dept.      \_\_\_\_ other (specify) \_\_\_\_\_

' Assistant's highest level of education: (indicate one)

\_\_\_\_ high school diploma or equivalent  
\_\_\_\_ undergraduate college credits  
\_\_\_\_ bachelor's degree in \_\_\_\_\_  
\_\_\_\_ advanced degree in \_\_\_\_\_

Has the assistant received training prescribed in KAR 28-61-8(a)?

\_\_\_\_ Yes      \_\_\_\_ No

' If yes, date training completed \_\_\_\_/\_\_\_\_/\_\_\_\_

If no, explain \_\_\_\_\_

---

---

**PART 3**      **LICENSED SUPERVISOR'S SIGNATURE**

I do hereby attest that the information supplied in this form is accurate and complete to the best of my knowledge and that I am the person described in this form as the Kansas licensed supervisor. I have read KAR 28-61-8 which regulates speech-language pathology and audiology assistants. The documentation prescribed in KAR 28-61-8 and listed on this form is on file. I further attest that the assistant named in this form will receive ongoing supervised training provided by a Kansas licensed Speech-Language Pathologist or Audiologist for a minimum of one hour per month.

---

**Licensed Supervisor's Signature**      **Date**

Send this completed form to:

HEALTH OCCUPATIONS CREDENTIALING  
1000 SW JACKSON, SUITE 200  
TOPEKA KS 66612-1365

DETACH & RETAIN COPY OF KAR 28-61-8